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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Mace, Nancy, , ,									
	(b) Address (number and street) 295 Seven Farms Drive Suite C-186	☐ Check if address changed			Candidate's FEC Identification Number H0SC01394					
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Charleston		SC	2949	2	Statement	(N)	OR	×	(A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dis	rict of Candidate				
	REPUBLICAN PARTY	House			SC	01				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following nar	by designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election)								
	NOTE: This designation should be f	iled with the app	propriate office	ce listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	Nancy Mace for Cor	ngress								
	(b) Address (number and street)									
	295 Seven Farms Drive									
	Suite C-186									
	(c) City, State, and ZIP Code									
	Charleston				SC	29492				
		(Ir	ncluding Join	t Fundraisin	g Representativ	,				
	I hereby authorize the following name candidacy. NOTE: This designation should be formula in the following name of Committee (in full)	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representativ	es)		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be f	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representativ	es)		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formula in the following name of Committee (in full)	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representativ	es)		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) NANCY MACE VIC (b) Address (number and street)	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representativ	es)		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST.	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representativ	es)		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formal for	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representativ	es)		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code	(In the distribution of the committee, with the principle)	ncluding Join which is NO	t Fundraisin Γ my principa	g Representatival campaign con	es) nmittee, to receiv		d funds	on be	half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code	(Ir ned committee, will be a committee).	ncluding Join which is NO ncipal campa	t Fundraisin Γ my principa	g Representatival campaign consee.	es) nmittee, to receiv	e and expen			half of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formal for	(Ir ned committee, will be a committee).	ncluding Join which is NO ncipal campa	t Fundraisin Γ my principa	g Representatival campaign consee.	es) nmittee, to receiv	e and expen			half of my
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code ALEXANDRIA	(Ir ned committee, will be a committee).	ncluding Join which is NO ncipal campa	t Fundraisin Γ my principa ign committe the best of	g Representatival campaign consee.	22314 22314 Date	e and expen			half of my
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code ALEXANDRIA I certify that I have example of Candidate	(Ir ned committee, will be a committee).	ncluding Join which is NO ncipal campa	t Fundraisin Γ my principa ign committe the best of	g Representatival campaign consee.	es) nmittee, to receive 22314	e and expen			half of my
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code ALEXANDRIA I certify that I have example of Candidate	(Ir ned committee, will be a committee).	ncluding Join which is NO ncipal campa	t Fundraisin Γ my principa ign committe the best of	g Representatival campaign consee.	22314 22314 Date	e and expen			half of my
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code ALEXANDRIA I certify that I have example of Candidate	(In ned committee, whiled with the print of	ncluding Join which is NO	t Fundraisin Γ my principa ign committe the best of	g Representatival campaign consee. VA my knowledge according filed)	22314 22314 and belief it is true Date 09/24/2021	e, correct and	d compl	ete.	
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) NANCY MACE VIC (b) Address (number and street) 228 S. WASHINGTON ST. STE. 115 (c) City, State, and ZIP Code ALEXANDRIA I certify that I have example of Candidate Incertify that I have example of Candidate	(In ned committee, whiled with the print of	ncluding Join which is NO	t Fundraisin Γ my principa ign committe the best of	g Representatival campaign consee. VA my knowledge according filed)	22314 22314 and belief it is true Date 09/24/2021	e, correct and	d compl	ete.	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	TAKE BACK THE HOUSE 2022								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA	MD	20824-0844						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campain		mmittee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)								
	Team Mace								
	(b) Address (number and street) 824 S. Milledge Ave. Ste. 101								
	(c) City, State, and ZIP Code								
	Athens	GA	30605						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campai (a) Name of Committee (in full) FreedomWorks Victory 2021		mmittee, to receive and expend funds on behalf of my						
	(b) Address (number and street) 111 K St NE								
	Ste 600								
	(c) City, State, and ZIP Code								
	Washington	DC	20002						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campai		mmittee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)								
		GOP WINNING WOMEN							
	(b) Address (number and street) 228 S. WASHINGTON ST.								
	STE. 115								
	(c) City, State, and ZIP Code								
	ALEXANDRIA	VA	22314						

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	2022 PHASE 1 PATRIOT DAY JFC							
	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115							
	(c) City, State, and ZIP Code							
	ALEXANDRIA VA 22314							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Mace Majority Fund							
	(b) Address (number and street) 824 S Milledge Ave							
	Ste. 101							
	(c) City, State, and ZIP Code							
	Athens GA 30605							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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	(b) Address (number and street)							
	(c) City, State, and ZIP Code							